

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081225

1. Entity Name

CHOCOLATE COVERED JELLY BEANS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90131 038 ***150.00

Principal Place of Business

12955 BISCAYNE BLVD STE 202
NORTH MIAMI FL 33181

Mailing Address

12955 BISCAYNE BLVD STE 202
NORTH MIAMI FL 33181

2. Principal Place of Business

3726 N.W. 15 ST.

Suite, Apt. #, etc.

3. Mailing Address

3726 N.W. 15 ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL

City & State

LAUDERHILL FL.

4. FEI Number

65-1080421

Applied For

Not Applicable

Zip

33311

Country

U.S.

Zip

33311

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARSCH, BARRY J
12955 BISCAYNE BLVD STE 202
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

PETER W. GARDINER

Street Address (P.O. Box Number is Not Acceptable)

9231 N.W. 32 MANOR

City

SUNRISE

FL

Zip Code

33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Peter W. Gardiner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARSCH, BARRY J	
STREET ADDRESS	12955 BISCAYNE BLVD STE 202	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERI S. KESTEN	
STREET ADDRESS	7377 NW 61 TERR	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	VP DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT T. SOCH	
STREET ADDRESS	1100 SW 3 ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

954-583-7700

Daytime Phone #

CR2E034 (10/00)